Gamblers Assistance Program – Intake Assessment (revised 8/23/2012)

First Name:	MI:	Last Name:
Previous Last/Maiden Name:		
Address:		
City:	State:	Zip:
Social Security Number:		

Demographic Information

Marital Status:	☐ Cohabitating ☐ Divorced	☐ Married ☐ Never Married	☐ Separated ☐ Widowed
Race:	☐ Alaskan Native ☐ American Indian ☐ Asian	☐ Black/African-American ☐ Native Hawaiian	☐ Other Pacific Islander ☐ White
Ethnicity:	☐ Cuban ☐ Hispanic(specific origin unknown) ☐ Mexican	☐ Not of Hispanic Origin ☐ Other Specific Hispanic	☐ Puerto Rican ☐ Unknown

Preferred Language:	☐ Arabic ☐ Chinese ☐ English ☐ Farsi ☐ French ☐ German	☐ Hebrew ☐ Hindi ☐ Italian ☐ Japanese ☐ Korean ☐ Laotian	☐ NA Dakota ☐ NA Ho-Chunk ☐ NA Lakota ☐ NA Ponca ☐ NA Umonhon ☐ Neur	☐ Portuguese ☐ Russian ☐ Sign Language ☐ Spanish ☐ Tagalog ☐ Vietnamese

Gender:	☐ Female ☐ Male	Veteran Status	☐ Yes ☐ No
Disability:	☐ Developmental Disability/Mental Retardation ☐ Non-Ambulation or Major Difficulties in Ambulation	☐ Blindness/Severe Visual Impairment ☐ Deafness/Severe Hearing Loss ☐ Non-Use/Ambulation ☐ No observable Handicap or Impairment	

Date of Birth:	Age at Admission:
County of Residence:	County of Admission:

Financial Information

Number of Dependents: (00=none or self):	Annual Gross Income (nearest 1,000):

SSI/SSDI Eligibility:	☐ Determined to be ineligible/ NA ☐ Eligible/ not receiving benefits	☐ Eligible/ receiving payments ☐ Potentially eligible
Medicare/ Medicaid:	☐ Determined to be ineligible/ NA ☐ Eligible/ not receiving benefits	☐ Eligible/ receiving payments ☐ Potentially eligible

Health Insurance:	☐ Blue Cross Blue Shield ☐ Child Welfare ☐ HMO ☐ Indian Health Service	☐ Medicaid ☐ Medicare ☐ No insurance ☐ Other Insurance ☐ Other Direct Federal	☐ Other Direct State ☐ PPO ☐ Private 3rd party ☐ Private Self paid ☐ Veterans Admin
Income Source:	☐ Disability ☐ Employment	☐ None ☐ Other	☐ Public Assistance ☐ Retirement/ Pension

Admission

Admission Date:	Assessment Date:

Reason for EPC Admission:	☐ Both dangerous to self and others ☐ Dangerous to others ☐ Dangerous to self/ neglect	☐ Dangerous to self/suicide attempt ☐ Not an EPC admission

Has this person attempted suicide in the last 30 days?	☐ Yes ☐ No

Socioeconomic Status

Living Situation:	☐ Child living w/Parent/Rel ☐ Child Residential TX ☐ Crisis Resident Care ☐ Foster Home ☐ Homeless Shelter	☐ Jail/Correctional Facility ☐ Other 24 hr Res Care ☐ Other Instit. Setting ☐ Other ☐ Private Res w/ Housing Asst	☐ Private Res recv. Support ☐ Private Res w/o Support ☐ Regional Center ☐ Residential Treatment ☐ Youth Living Independent

Education:	☐ 1st grade ☐ 2nd grade ☐ 3rd grade ☐ 4th grade ☐ 5th grade	☐ 6th grade ☐ 7th grade ☐ 8th grade ☐ 9th grade ☐ <=10 yrs	☐ 11 yrs ☐ 12 yrs = GED ☐ > 12 yrs ☐ Associates Degree ☐ Bachelors Degree	☐ Masters ☐ Doctorate ☐ Unknown ☐ Home Schooled ☐ Kindergarten ☐ Early Care/Education

Employment Status:	☐ Active/ Armed Forces 35+ Hrs ☐ Active/ Armed Forces <35 Hrs ☐ Disabled ☐ Employed Full Time 35+ Hrs ☐ Employed Part Time <35 Hrs ☐ Homemaker ☐ Resident of Institution	☐ Retired ☐ Sheltered Workshop ☐ Student ☐ Supported Employment ☐ Unemployed (laid off/ looking) ☐ Unemployed/ not seeking ☐ Volunteer

To what degree are you concerned about your job stability due to problems related to gambling?	☐ A Lot ☐ Very ☐ Somewhat	☐ Little ☐ Not at all ☐ N/A
How safe and stable do you feel your living situation is today?	☐ A Lot ☐ Very ☐ Somewhat	☐ Little ☐ Not at all ☐ N/A

Medicaid Eligibility

Meets Nebraska SED Criteria?	☐ Yes ☐ No
For Adults with mental illness: Meets Nebraska SPMI Criteria?	☐ Yes ☐ No

Service Treatment

Admission Referral Source:		
☐ Agricultural Action Center	☐ Internet	☐ Private SA provider
☐ Clergy	☐ Job Training Office	☐ Probation
☐ Community Service Agency	☐ Mental Health Commitment Board	☐ Prosecutor
☐ Compulsive Gambling Provider	☐ Mental Health Court	☐ Public Health staff
☐ Corrections	☐ Mental Health Emergency	☐ Regional Center
☐ County Extension Agent	☐ Mental Health Non-Residential	☐ SA Emergency/ Detox
☐ Court Order	☐ Mental Health Residential	☐ SA Outpatient Counseling
☐ Court Referral	☐ Mental Retardation Agency	☐ SA Prevention
☐ Defense Attorney	☐ Mid-level Practitioner	☐ SA Residential
☐ Drug Court	☐ Nursing Facility	☐ SA Self-help Group
☐ Employee Assistance Program	☐ Other Human Service Provider	☐ School Based Referral
☐ Employer	☐ Other Medical Facility	☐ Self
☐ Family	☐ Parole	☐ Services Psychiatric Eval
☐ Friend	☐ Police	☐ Social Svc. Sex Perp Eval
☐ Helpline	☐ Pre-trial Diversion	☐ State Social Service
☐ Food Pantry	☐ Private Family Counselor/ Agency	☐ Tribal Elder or Official
☐ Homeless Shelter	☐ Private Mental Health Practice	☐ Veteran's Admin
☐ Hospital	☐ Private Physician	☐ Yellow Pages

Legal Status at Admission

☐ Civil Protective Custody (CPC)	☐ Juvenile High Risk Offender	☐ Pending related to Gambling
☐ Court Order	☐ Incarceration due to Gambling	☐ Probation
☐ Court: Competency Evaluation	☐ Job Training Office	☐ Probation due to Gambling
☐ Court: Juvenile Commitment	☐ MHB Commitment	☐ State Ward
☐ Court: Juvenile Evaluation	☐ MHB Hold/ Custody Warrant	☐ Voluntary
☐ Court: Mentally Dis. Sex Offender	☐ Not responsible by reason of insanity	☐ Voluntary by Guardian
☐ Court: Presentence Evaluation	☐ Parole	
☐ Emergency Protective Custody (EPC)	☐ Parole due to Gambling	

Number of arrests in the past 30 days:

Commitment Data

Mental Health Board Hearing Date:

Mental Health Board Commitment Date:

Substance Abuse

Reason for Admission:

☐ Dual Diag/ Prim MH/ Prim SA	☐ Primary MH/ Secondary SA	☐ Primary Mental Health
☐ Primary Compulsive Gambling (CG)	☐ Primary Mental Retardation	☐ Primary Substance Abuse
☐ Primary CG/Secondary MH	☐ Primary SA/ Secondary MH	
☐ Primary CG/Secondary SA	☐ Primary Sex Offender	

Current or Past History of SA?	☐ Yes ☐ No	IV Drug Use in past?	☐ Yes ☐ No

Use of Methadone/Buprenorphine/Suboxone/Opioids in Treatment Plan? ☐ Yes ☐ No

Number of Prior Treatment Episodes:	Days Waiting to Enter SA Program:

Primary Substance:	Age of First Use:	Frequency:		
		☐ Daily	☐ 1-2x past week	☐ No use past month
	Name:	☐ 3-6x past week	☐ 1-3x past month	☐ Unknown
	Volume:	Route:	☐ Nasal	☐ Smoke
		☐ IV	☐ Oral	☐ Unknown
Secondary Substance:	Age of First Use:	Frequency:		
		☐ Daily	☐ 1-2x past week	☐ No use past month
	Name:	☐ 3-6x past week	☐ 1-3x past month	☐ Unknown
	Volume:	Route:	☐ Nasal	☐ Smoke
		☐ IV	☐ Oral	☐ Unknown
Tertiary Substance:	Age of First Use:	Frequency:		
		☐ Daily	☐ 1-2x past week	☐ No use past month
	Name:	☐ 3-6x past week	☐ 1-3x past month	☐ Unknown
	Volume:	Route:	☐ Nasal	☐ Smoke
		☐ IV	☐ Oral	☐ Unknown

Please place numeric indicator by drug to indicate: 1=Primary 2= Secondary 3= Tertiary

- ☐ Aerosols
- ☐ Alcohol
- ☐ Alprazolam (Xanax)
- ☐ Amphetamine
- ☐ Anesthetics
- ☐ Chlordiaepoxide (Libruim)
- ☐ Clonazepan (Klonopin/Rivotril)
- ☐ Clorazepate (Tranzene)
- ☐ Cocaine
- ☐ Codeine
- ☐ Diazepam (Valium)
- ☐ Diphenhydramine
- ☐ Diphenylhydration/Phenytoin (Dilantin)
- ☐ Ethchlorvynol (Placidyl)
- ☐ Flunitrazepam (Rohypnol)
- ☐ Flurazepam (Dalmane)
- ☐ GHB/ GBL
- ☐ Glutethimide (Doriden)
- ☐ Heroin
- ☐ Hydrocodone (Vicodin)
- ☐ Hydromorphone (Dilaudid)
- ☐ Ketamine (Special K)
- ☐ LSD
- ☐ Lorazepam (Ativan)
- ☐ MDMA, Ecstasy
- ☐ Marijuana/ Hashish
- ☐ Meperidine (Demerol)
- ☐ Meprobamate (Miltown)
- ☐ Methamphetamine/ Speed
- ☐ Methaqualone
- ☐ Methylphenidate (Ratalin)
- ☐ Nitrites
- ☐ Non-Rx Methadone
- ☐ Not Collected
- ☐ Other Amphetamines
- ☐ Other Barbiturate Sedatives
- ☐ Other Benzodiazepine
- ☐ Other Cocaine
- ☐ Other Drugs
- ☐ Other Hallucinogens
- ☐ Other Inhalants
- ☐ Other Non-Barbiturate Sedatives
- ☐ Other Opiates or Synthetics
- ☐ Other Over-the-Counter
- ☐ Other Sedatives
- ☐ Other Tranquilizer
- ☐ Other Stimulants
- ☐ Oxycodone (Oxycontin)
- ☐ PCP or PCP Combination
- ☐ Pentazocine (Talwin)
- ☐ Phenobarbital
- ☐ Propoxyphene (Darvon)
- ☐ Secobarbital (Seconal)
- ☐ Seconbarbital/Amobarbital (Tuinal)
- ☐ Solvents
- ☐ Tramadol (Ultram)
- ☐ Triazolam (Halcion)
- ☐ Unknown

Level of Care:

☐ Outpatient	☐ Intensive Outpatient	☐ Brief Counseling
☐ Assessment	☐ Addendum	☐ Aftercare

Is this service to be provided, in whole or in part, through tele-health? ☐ Yes ☐ No

Social History:

Who is seeking treatment?	☐ Gambler	☐ Significant Other of Gambler	
Occupation:	☐ Clerical/ Sales ☐ Farm-Ag ☐ Laborer	☐ Manager/ Professional ☐ Service (Food, Housekeeping)	☐ Skilled/ Semi skilled crafts ☐ Technical/Administrative
Current Annual Personal Income (nearest 1,000):			
Total Annual Household Income (nearest 1,000):			
Age when first gambled:			
Initial Gaming Activity:	☐ Bingo ☐ Horses/ Dogs ☐ Internet ☐ Casino	☐ Keno ☐ Lottery ☐ None ☐ Other	☐ Poker/ cards ☐ Pull Tabs ☐ Slot machines	☐ Sports ☐ Table games ☐ Unknown
	Initial Gaming Activity Other:			

Caregivers:	Drinking? ☐ Yes ☐ No ☐ Unknown	Gambling? ☐ Yes ☐ No ☐ Unknown
Significant Other:	Drinking? ☐ Yes ☐ No ☐ Unknown	Gambling? ☐ Yes ☐ No ☐ Unknown

Employment History

Number of employers client has had in last 5 years?	
Number of Jobs in last 5 years?	
Number of work days missed by client in last 30 days due to gambling?	

Gambling History:

Most frequent gaming activity in last 30 days:			
☐ Bingo ☐ Horses/ Dogs ☐ Internet ☐ Casino	☐ Keno ☐ Lottery ☐ None ☐ Other	☐ Poker/ cards ☐ Pull Tabs ☐ Slot machines	☐ Sports ☐ Table games ☐ Unknown
Has client ever called the problem Gambling Helpline? ☐ Yes ☐ No			
Frequency of all types of wagering in the last 30 days:			
☐ Never ☐ 1xMo ☐ 2-3x Mo ☐ 1-2x Week ☐ 3-6 Week ☐ Daily			
Place of Activity: ☐ Casino ☐ Non-Casino ☐ Internet ☐ Work ☐ Home			Legal Percent: Illegal Percent:
Current Household Debt (nearest 1,000):			
Gambling Debt (nearest 1,000):			
Legal involvement related to gambling? ☐ Yes ☐ No ☐ Unknown			
If yes, list all types of legal involvements related to gambling:			

Gambling Treatment

Prior Gambling Treatment:	☐ Yes	☐ No	☐ Unknown
Number of times in prior gambling treatment:			
Number of times prior behavioral health contacts:			
Level of Social Connection: On a scale of 1 to 10 rate the level of connectivity or closeness that you currently experience with family members and/or friends. 1 being not connected or close at all, 10 being fully connected or close to family and friends:			
Who/what encouraged client to seek/stay in treatment? (check all that apply)			
☐ Self ☐ Friend ☐ Employer ☐ Court ☐ Legal Worries ☐ Professional ☐ Other_____	☐ Spouse ☐ Family ☐ Clergy ☐ NCCG and/or Helpline ☐ Gamblers Anonymous ☐ Debt Losses		
Presenting Problem:			
Primary Diagnostic Impression:			
Secondary Diagnostic Impression:			
Primary Treatment Recommendations:	☐ Education ☐ Family ☐ Financial Counseling	☐ Group Outpatient ☐ Individual Outpatient ☐ None	☐ Psychiatry ☐ Self-Help
Secondary Treatment Recommendations:	☐ Education ☐ Family ☐ Financial Counseling	☐ Group Outpatient ☐ Individual Outpatient ☐ None	☐ Psychiatry ☐ Self Help
Tertiary Treatment Recommendations:	☐ Education ☐ Family ☐ Financial Counseling	☐ Group Outpatient ☐ Individual Outpatient ☐ None	☐ Psychiatry ☐ Self Help
GAF Score:	GA 20:	DSM Gambling Screen Score:	
Do you attend self-help/support groups such as GA? ☐ Yes ☐ No			
Number of days from client first contact to first intake session:			